

**Study Outpatient Involuntary
Commitment—Appropriate
Supervision G.S. 122C-236**

Flo Stein, Community Policy

Other Studies

- First Commitment Pilot—expediting the evaluation process by qualified licensed professionals
- Use of telemedicine for commitment evaluations 122c-263 (c)

WORKGROUP MEMBERS

- Melissa Makowski, Wake CFAC
- Marvin Swartz, MD, Duke
- Lisa Corbett and Richard Slipsky, Office of the Attorney General
- Lena Klumper and Mark O'Donnell, DMHDDSAS
- Ed Burnett, Five County LME
- Mark Hazelrigg and Sally Cameron, NC Psychological Association

Work Group Members (continued)

- **Arthur Carder, Director, Western Highlands LME**
- **Eddie Caldwell, NC Sheriff's Association**
- **Margie Sved, MD, Durham LME**
- **Michael Lancaster, MD, DMHDDSAS**
- **Gregg Stahl, Administrative Office of the Courts**
- **Deby Dihoff, NAMI NC**
- **Rebecca Carina, DMHDDSAS Facilitator**
- **Martha Brock, Observer, DRNC**

Reviewed

- Western Highlands Outpatient Commitment Policy and Procedures.
- NC Outpatient Commitment Statutes 1973-present.
- Outpatient Commitment Statutes in several states.
- Involuntary Outpatient Commitment: A View Post Virginia Tech, Services Effectiveness Research Program , Duke University Medical Center, Marvin S. Swartz, MD.
- Seung Hui Cho case.

States need effective strategies to improve treatment adherence

- Treatment nonadherence is a vicious cycle for patients and mental health, criminal justice and social welfare systems.
- Uncontrolled state expenditures result from nonadherence.
- States are badly in need of strategies to improve treatment adherence.
- Marvin Swartz, MD

Controversies about OPC

- Availability of appropriate services with aggressive outreach might obviate the need
- Should not be used as a substitute for inadequacies in the service system
- Applying coercion to patient blames the victim for services deficiencies
- System of care should be held accountable for gaps in care

Summary

- Other findings:
 - OPC can reduce violence, victimization, family strain, arrests, and improve medication adherence and quality of life.
- However:
 - To be effective it must be delivered for an extended period of time AND in combination with regular mental health services.

New York : Assisted Outpatient Treatment

- Death of Kendra Webdale led to the passage of a pilot statute to establish AOT, court procedures and enforcement.
- \$32 million was appropriated to support statewide implementation program of OPC and \$125 million to support community services.
- Early evaluation shows increased participation in services and medication adherence.

New OPC Legislation

- New York--Kendra's Law (1999)
- California--Laura's Law (2003)
- Michigan--Kevin's Law (2005)
- Florida--Reform of Baker Act (2004)
- Virginia--Mandatory Outpatient Treatment Process (2007)

Duke Mental Health Study

- Included CRH (JUH), Durham Center, OPC and Five County (VGFW)
- Outpatient Commitment can reduce recidivism however:
 - OPC must be applied for an extended period of time
 - It is most effective for people with psychotic disorders
 - It is only effective when delivered in combination with frequent mental health services

- Swartz, 1999

Is OPC a Method to Prevent an Act of Severe Violence—like Virginia Tech?

- Data available indicate OPC can reduce minor acts of violence.
- Acts of serious violence are far too infrequent to study accurately.
- Might infer that improving treatment adherence may reduce serious violence—but there is no evidence.
- OPC law should be considered on the merits of improving treatment adherence and reducing relapse not preventing violence prevention *per se*.

What makes a difference

- Intensity of services
- Consistent length of stay
- Diagnostic criteria to determine eligibility
- Strengthened services system, especially ACTT
- Including Advance Directives in crisis plans

Work Group Proposal

- Request special provision to allow for a pilot to test new process for commitment with a sunset provision.
- Begin with individuals in state hospitals where treatment history is already known.
- At first hearing set time for inpatient commitment and also set time for outpatient commitment for not less than 180 days.

Role of the LME in the Pilot

- LME is the point of accountability-tracking and overseeing the patient at all times.
- Must arrange for an accepting provider.
- Incentives, including performance bonuses may be paid to providers for accepting difficult cases. Western Highlands pays \$1600 per case.
- Designation of hospital liaisons to assist with discharge planning.

Courts Role in the Pilot

- Treatment is court ordered and mandatory.
- Extend the commitment period to no less than 180 days.
- Make necessary changes in forms to designate the LME and the receiving provider.
- Supplemental orders will be needed for transfers.
- Clerk would enter the data and notify LME. The AOC will work to develop an automated data tracking system should the pilot go forward.

Courts (continued)

- Attorney from the AGs office is assigned to each state hospital. Clerk will send the outpatient order to the designated LME. The AG's Office will monitor the process.
- Judge review the discharge plan.
- Re-hearings will be required to extend period of commitment.

Role of the State Hospital in the Pilot

- Agree to utilize the eligibility criteria for determining which patients can benefit from OPC.
- Work with LME hospital liaison to present a treatment plan to the Judge prior to discharge. Plan should address housing and transportation.
- Ensure that an Advocate works with the consumer to review rights and information about the process.

Provider Role in the Pilot

- Join the LME provider community as a provider willing to accept and individual on a court ordered Outpatient Commitment.
- Provide intensive services with adequate frequency based on the court approved plan.
- Notify LME of any change in consumer status.
- Appear before the court to provide evidence of compliance.

Questions that need to be answered
prior to statutory changes

- Will eligibility criteria, increased intensity of supports result in improved adherence?
- Can infrastructure for enforcement and accountability be developed?
- Strengthened service system?
- Role of the new crisis system, security?

Remaining to be done

- Training for consumers, clerks, LMEs, law enforcement Including Crisis Intervention Training (CIT) and providers. Clerks do not know the LMEs.
- Materials written by and for consumers.
- Review with state and local CFAC and other consumer groups.
- Develop procedures for LME management.
- Finalize eligibility criteria.

Data for 06-07

- The number of court orders for OPCs from all four state hospitals for the period July 1, 2006 to June 30, 2007 was 2857 (this is not individual people).
- All of these people would not meet the criteria. If $\frac{1}{2}$ did at the incentive rate of \$1600 the cost would be \$2,286,400.